MAY 23 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

15808

1. PLACE OF DEATH
County: St Louis — Registration District No. 784
Township: St Ferdinand — Primary Registration District No. ~~6030~~ 7468
City: Ferguson Mo. (No.) 40 Hartnett Ave. St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Jacqueline R Wilson
(a) Residence. No. 40 Hartnett Ave St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 2, 1929

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER James F. Wilson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) La.
12. MAIDEN NAME OF MOTHER Agnes R Goshen
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. James F. Wilson
(Address) 40 Hartnett Ave.

15. FILED 4-4, 1929 O. V. Schuck
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 3 1929

17. I HEREBY CERTIFY, That I attended deceased from March 29 1929 to April 3 1929 that I last saw him alive on April 3 1929, and that death occurred, on the date stated above, at 11:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Premature (6½ months gestation)
1 hr (duration) ..... yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) ✓ (duration) ✓ yrs. ✓ mos. ✓ ds.

18. WHERE WAS DISEASE CONTRACTED ✓
IF NOT AT PLACE OF DEATH ✓
Did an operation precede death? No Date of ✓
Was there an autopsy? No
What test confirmed diagnosis? Clinical
(Signed) Roy Johnson, M. D.
4-4, 1929 (Address) Ferguson, Mo.

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Zion Cemetery — DATE OF BURIAL: April 4 1929
20. UNDERTAKER: Geo. L. Pleitsch — ADDRESS: 5966 Easton Ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.